

BEFORE COPYING F

SITE NAME:

EPA RCRA ID No. IAD000819110

Square D Company 3700 6th Street, SW

EPA ID NO: Cedar Rapids. IA

RECEIVE

FEB 26



FORM

IC

U.S. ENVIRONMENTAL **PROTECTION AGENCY**

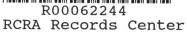
1995 Hazardous Waste Report

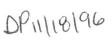
IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Haza	ordous Waste Report booklet before completing this form.				
Sec. I Site name and location address. Complete A through H. Check the box A information. Instruction page 10.	n items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter				
A. EPA ID No. Same as labelz● or →	B. County LINN				
C. Site/company name D. Has the site name associated with this EPA ID changed since 1993? □ 1 Yes Same as label or → ■ 2 No					
E. Street name and number. If not applicable, enter industrial park, building name, or ot Same as labetæ or →	ner physical location description.				
F. City, town, village, etc. Same as label or →	G. State Same as label LI A B. Zip Code Same as label 51 21 41 01 61 - 13 10 16 19				
Sec. II Mailing address of site. Instruction page 10.					
A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO					
B. Number and street name of mailing address P. O. Box 3069	, · · · · · · · · · · · · · · · · · · ·				
C. City, town, village, etc. Cedar Rapids	D. State E. Zip Code 5, 2, 4, 0, 6, - 3, 0, 6, 9				
Sec. III Name, title, and telephone number of the person who should be contacted	if questions arise regarding this report. Instruction page 10.				
A. Please print: Last Name First name M.I. Jensen James C	B. Title Safety, Health, & Environmental Manager C. Telephone [3] 11 9] [3] 6] 9] - [6] 4 [3] [3] Extension [6] 4 [3] [3]				
Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."					
A. Please print: Last Name First name M.I. Blanck, J. Richard J.	B. Title Plant Manager				
C. Signature K. J. Slauth.	D. Date of signature O2 22 96 MO. DAY YR.				



Page 1 of /2





Sec.V - Generator Status. Instruction page	s 10, 12.						
	I						
A. 1995 RCRA generator status	B. Reason for not generating						
(CHECK ONE BOX BELOW)	(CHECK ALL THAT APPLY)						
₹ 1 Lag	□ 1 Never generated	□ 5 Pa	eriodic or occa	sional ge	enerator		
□ 2 SQG SKIP to SEC. VI	□ 2 Out of business		aste minimizat		•	D51 0111	
□ 3 CESQG □ 4 Non generator (Continue to Box B)	□ 3 Only excluded or delisted waste □ 4 Only non-hazardous waste	u / U	ther (SPECIFY	COMME	N 12 IN ROX	BELOM)	
						· · · · · · · · · · · · · · · · · · ·	
Sec.VI - On-Site Waste Management Status	s. Instruction pages 13, 14.						
A. Storage subject to RCRA permitting requirements B. Treatment, disposal, or recycling subject to RCRA permitting C. RCRA-exempt treatment, disposal, or recycling						disposal, or recycling	
1	requirements	1					
<u> </u>		1				3	·
Sec.VII - Waste Minimization Activity durin	ng 1994 or 1995. Instruction pages 1	4, 15.					1
A. Did this site begin or expand a source redu		or expand a	recycling activ	ity durin	g 1994 or	C. Did this site systematical	
during 1994 or 1995?	1995?					for source reduction or recy	cling during 1994 or 1995?
□ 1 Yes	₩ 1 Yes					□·1 Yes	
■ 2 No	□ 2 No					# 2 No	•
D. Did any of the factors listed below delay o	r limit this site's ability to initiate new o	or additional	source reducti	ion activ	ities in 1994	or 1995?	
(CHECK YES OR NO FOR EACH ITEM)							
<u>Yes No</u>							· ·
	oital to install new source reduction equi						
	cal information on source reduction tech on is not economically feasible: cost savi						nent
□ 1 ■2 d. Concern that p	roduct quality may decline as a result o						
算1 □2 e. Technical limita □1 異2 f. Permitting burd	itions of the production processes					,	•
■ 1 □2 g. Source reduction	on previously implemented - additional re						
■1 □2 h. Source reduction	on previously implemented - additional re	duction does	s not appear to	o be eco	nomically fea	sible	
	on previously implemented - additional re ' COMMENTS IN BOX BELOW)	duction does	s not appear to	o be fea:	sible due to p	permitting requirements	
,						1 : 4004 - 40075	
E. Did any of the factors listed below delay of (CHECK YES QR NO FOR EACH ITEM)	THITHE THE SITE'S Ability to initiate new or	r additional :	on-site or off-s	ute <u>recy</u> c	cling activities	s during 1994 or 1995?	
<u>Yes</u> No		Yes	No			•	
置1 □2 a. Insufficient capita	to install new recycling equipment or	<u> </u>	X 2	g.		mitations of production proce	esses inhibit shipments off-
implement new re ■ 1 □ 2 b. Lack of technical	cycling practice information on recycling techniques	20 1	- 2	L	site for recy		anna inkikia an sias sesse Per
	site's specific production process	01	™ 2 2	h. i.		mitations of production proce burdens inhibit recycling	isses minioit on-site recycling
□ 1 🗷 2 c. Recycling is not e	conomically feasible: cost savings	- 1	≥ 2	j.	Lack of per	mitted off-site recycling facil	
	nent will not recover the capital	2 8 1	□ 2 ¥∎ 2	k.		dentify a market for recycled	
investment ■ 1 □ 2 d. Concern that prod	luct quality may decline as a result of	0 1	- = 2	l.		reviously implemented - addit se technically feasible	ional recycling does not
recycling		- 1	200 2	m.	Recycling p	reviously implemented - addit	ional recycling does not
□ 1 38 2 e. Requirements to n off-site for recycli	nanifest wastes inhibit shipments of	- 1	≱ 2			oe economically feasible reviously implemented - addit	tional recycline deep
·	orovisions inhibit shipments off-site for	٠,	- - 2	n.		reviously implemented - addit be feasible due to permitting (
recycling		- 1	≥ 2	0.		CIFY COMMENTS IN BOX BE	
Comments:							

0.333

			•			
BEFORE COPYING FORM, ATT	ACH SITE IDENTIFICATION LABO	EL OR ENTER:		A JUNIEO STATES	U.S. ENVIROI Protection	
SITE NAME: EPA I	RCRA ID No. IAD	000819110				
	Square D Compar	ny		TAN PROTECT	1995 Hazardous	Waste Report
EPA ID NO:	3700 6th Street, S	SW REC	:civeu		i	,
	Cedar Rapids, IA		- 3016	FORM	WASTE GEN	ERATION
·		FEB	26 196	GM	AND MANA	
		IRSP.	BRANCH			
INSTRUCTIONS: Read the de	etailed instructions beginning on	page 16 of the 1995 Hazardou	ıs Waste Report bookle	t before completi	ing this form.	***************************************
Sec. I A. Waste descr	iption - Instruction page 18.					•
	Floresc	ent lamps from	the facilit	v contai	ining mercury	
B. EPA hazardous waste code		cire rampo rrom	C. State hazardous wa			•
,D,	0,0,9, N,A,	1				
				× ,	•	
ا ا	INIAI INIAI		لللا			
D. SIC code Page 19.	E. Origin code 🗓 Page 19	F. Source code Page 20.	G. Point of measureme			mixed Page 20.
<u> </u>	System	(A) 9, 9,	Page 20.	Page 20, LB_3_1	1.9.	2 1
[3]0]1]3]	Type LM L L L L L L L L L L L L L L L L L L	(WISTS)		[-1-1-	1	
Sec. II A. Quantity gen	nerated in 1994 B. Quantity ger	perated in 1995	C. UOM	Density	D. Did this site do any of the follow	ring to this waste: treat on
Instruction Page			Page 21.	·	site, dispose on site, recycle on site, sewer/POTW? Page 21.	or discharge to a
		,			sewerifold? Fage 21. □ 1 Yes (CONTINUE TO SYSTE	M 1)
	NA · L	1, 5, 2, 6, 0	1 — —		2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYS	STEM 2		
On-site process system type	Quantity treated, dispose	d, or recycled on site	On-site process system	**	Luantity treated, disposed, or rec n 1995	cycled on site
Page 22.	in 1995	1 1 1 1 1 1 1 1 1 1	Page 22.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1•1 1
Sec.III A. Was any of	this waste shipped off-site in 19	995 3 1 Yes (CONTINUE	TO BOX B)			
Instruction page		□ 2 No (SKIP TO SE				
Site 1	B. EPA ID No. of facility waste Page 23.	e was shipped to	C. System type shippe Page 23.	d to D. Off-site availability		ned in 1995
	W I D 0 7 1	1,6,4,,0,3,2,	1 M O 1 4	l '	1 -	1 15 12 16 1 • 10
	·					
Site 2	B. EPA ID No. of facility waste Page 23.	e was snipped to	C. System type shippe Page 23.	d to D. Off-site availability		Jed III 1933
				Page 23.		•
NA						
Sec. IV A. Did new act	tivities in 1995 result in minimiza	ation of this waste? □ 1 Yes	(CONTINUE TO BOX B)			
Instruction pag			(THIS FORM IS COMPLI			
B. Activity Page 24.		D. Quantity recycled in 1995 (Page 25.		E. Activity/prodü: index Page 25.	ction F. 1995 source reduction (quantity Page 26.
(M)	□ 1 Yes				• •	•
[W]	□ 2 No		LL.	<u></u>	/	
Comments: Florescen	nt l <i>a</i> mp containi	ing mercury from	m lamp repla	acement	during 1995	

	ACH SITE IDENTIFICATION LABE RCRA ID No. IADO Square D Compar 3700 6th Street, S	000819110	VED	FORM	U.S. ENVIRONMENTAL PROTECTION AGENCY 1995 Hazardous Waste Report
	Cedar Rapids, IA	FEB 2		GM	WASTE GENERATION AND MANAGEMENT
INSTRUCTIONS: Read the de	tailed instructions beginning on p	page 16 of the 1995 Hazardou	s Waste Report booklet	before completing this f	orm.
Ignit	ption Instruction page 18. Tible spent solves the				ray booth and
· '			o. State nazarasas was	no couc i age i ci	
	0, 0, 3, D, 0, 0, 1 0, 1, 8, N, A		l		
D. SIC code Page 19.	E. Origin code [] Page 19 System Type L ^M]	F. Source code Page 20.	G. Point of measuremen Page 20.	H. Form code Page 20, LB 2 0 3	I. RCRA · radioactive mixed Page 20.
Instruction Page	erated in 1994 B. Quantity gen a 21. Page 21.		C. UOM Page 21. 50 1 lbs/g:	site, disposewer/PO	s site do any of the following to this waste: treat use on site, recycle on site, or discharge to a TW? Page 21. (CONTINUE TO SYSTEM 1) (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22.	Quantity treated, disposed in 1995	d, or recycled on site	ON-SITE PROCESS SYS On-site process system Page 22.	V	treated, disposed, or recycled on site
(M		اللللا	[M]	ال ا	·
	Sec.III A. Was any of this waste shipped off-site in 1995 Instruction page 22. 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste Page 23.		C. System type shipped Page 23. LM $_1$ $_0$ $_1$ $_1$ $_1$	of to D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 2	B. EPA ID No. of facility waste		C. System type shipped		E. Total quantity shipped in 1995 Page 23.
NA	Page 23.		Page 23.	Page 23.	age 25.
Sec. IV A. Did new act	ivities in 1995 result in minimiza	tion of this waste? □ 1 Yes	(CONTINUE TO BOX B)		Araba Araba
Instruction pag	e 24.	≥ 2 No	(THIS FORM IS COMPLE	TE)	
B. Activity Page 24.		D. Quantity recycled in 1995 Page 25.		Activity/production F. ndex Page 25.	1995 source reduction quantity Page 26.
	□ 1 Yes		1	1	

□ 2 No

Comments:

Comments:

•	RCRA ID No. IAD Square D Compa 3700 6th Street, S Cedar Rapids, IA	000819110 ny REGE SW	Vieto Fr	CO STAIR. L.	U.S. ENVIRONMENTAL PROTECTION AGENCY 1995 Hazardous Waste Report WASTE GENERATION
		IDOD_D		1141	AND MANAGEMENT
INCTRICTIONS - Road the	detailed instructions beginning on	nage 16 of the 1995 Hazardo	is Waste Renort booklet befo	ore completing this fo	orm.
		page 10 of the first			
	scription - Instruction page 18.		1 D-	total name M	amb +b a
Ig B. EPA hazardous waste cod	nitible spent so	lvent from part	S washers: Pe		<u> </u>
	DOO1 NA				
	N.A. N.A.			N A	
D. SIC code Page 19.	E. Origin code L Page 19	F. Source code Page 20.		H. Form code	I. RCRA - radioactive mixed Page 20.
3 6 1 3	System Type (M)	[A]119]	Page 20.	Page 20. LB <u>I 21 11 1</u> 1	ر2.
			la way)	and do now of the following to this waster tract
Sec. II A. Quantity (generated in 1994 B. Quantity ge age 21. Page 21.	nerated in 1995	C. UOM Der Page 21.	site, dispo	s site do any of the following to this waste: treat of use on site, recycle on site, or discharge to a FW? Page 21.
14,5	0.9.0	4,4,6,9,•0	1 0 6 · 7	7_0 a 1 Yes	(CONTINUE TO SYSTEM 1) (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM			ON-SITE PROCESS SYSTEM		
On-site process system type	Quantity treated, dispose in 1995	ed, or recycled on site	On-site process system type Page 22.	e Quantity t in 1995	reated, disposed, or recycled on site
Page 22. [M]		انا•اللل	LM1		
	of this waste shipped off-site in 1	995 WE 1 Yes (CONTINUE	TO BOY BY		
Sec.III A. Was any Instruction p	age 22.	12 No (SKIP TO SE	C IV)		
Site 1	B. EPA ID No. of facility wast Page 23.	e was shipped to	C. System type shipped to Page 23.	availability code	E. Total quantity shipped in 1995 Page 23.
			1	Pana 23	4,4,6,9,0
	<u>I, A, D, O, 9, 8</u>	0, 2, 7, 5, 9, 2	(M <u>11 14 11 1</u>	Page 23.	1 1 1 1 1 1 1 1 0 2 1 0
Site 2	B. EPA ID No. of facility wast		C. System type shipped to	D. Off-site	E. Total quantity shipped in 1995 Page 23.
Site 2		e was shipped to		D. Off-site	E. Total quantity shipped in 1995
NA	B. EPA ID No. of facility wast Page 23.	e was shipped to	C. System type shipped to Page 23.	D. Off-site availability code	E. Total quantity shipped in 1995 Page 23.
NA	B. EPA ID No. of facility wast Page 23.	te was shipped to	C. System type shipped to Page 23.	D. Off-site availability code	E. Total quantity shipped in 1995 Page 23.
NA Sec. IV A. Did new	B. EPA ID No. of facility wast Page 23.	e was shipped to Lilililililililililililililililililili	C. System type shipped to Page 23. LM1	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.

SITE NAME: EPA ID NO: INSTRUCTIONS:	3700 6th	No. IAD000819 D Company n Street, SW apids, IA	FEB 26 IRSP. BRAN	1996 I			ENCY te Report .
				hazardous f			
B. EPA hazardous	waste code Page 19.	N, A,		. State hazardous waste			•
D. SIC code Page	System	Page 19 F. Source o		i. Point of measurement dage 20.	H. Form code Page 20, B1111		l Page 20.
ln:	5 <u>4 3 6 5 • 0</u> S SYSTEM 1 stem type	Page 21.	8 5 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C. UOM Orage 21. 5	4 8 sit see 2 sg	Did this site do any of the following te, dispose on site, recycle on site, or dispose on site, or disposed. 1 Yes (CONTINUE TO SYSTEM 1 2 No (SKIP TO SEC. III) antity treated, disposed, or recycle 1995	d on site
<u> </u>							
	Was any of this waste shipp		1 Yes (CONTINUE TO				
Sec.III A.	B. EPA ID No. Page 23. B. EPA ID No. Page 23. B. EPA ID No. Page 23.		o 2 No (SKIP TO SEC		Page 23.	E. Total quantity shipped i	

Comments: Electroplating operations shut down in December, 1993. Wash & Dry line designed with flow restrictor to reduce the amount of rinse water used in 1994.

SITE NAME: EPA F EPA ID NO: INSTRUCTIONS: Read the de	ACH SITE IDENTIFICATION LABEL RCRA ID No. IADO Square D Company 3700 6th Street, SV Cedar Rapids, IA etailed instructions beginning on pa	00819110 W RECEIVE W FEB 2 6	1996		
	Ch	aracteristical	ly hazardous	for corro	
	Page 19. 0 0 2		C. State hazardous waste	N A	
D. SIC code Page 19.	E. Origin code Page 19 F. System Type ^{LM}	Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20. LB 14 0 5	I. RCRA - radioactive mixed Page 20.
Instruction Page	Ouantity treated, disposed, in 1995	2 <u>19 18 15 18</u> • (0) or recycled on site	C. UOM Page 21. 5 0 7 0 X 1 lbs/gal ON-SITE PROCESS SYSTE On-site process system ty Page 22.	site, dissever/l 4 8 mt 1 Y 2 sg	this site do any of the following to this waste: treaspose on site, recycle on site, or discharge to a POTW? Page 21. Yes (CONTINUE TO SYSTEM 1) To (SKIP TO SEC. III) Ye treated, disposed, or recycled on site
Sec.III A. Was any of Instruction page	this waste shipped off-site in 199 e 22.	5 □ 1 Yes (CONTINUE ¥2 No (SKIP TO SE			
Site 1	B. EPA ID No. of facility waste page 23. B. EPA ID No. of facility waste page 23.		C. System type shipped t Page 23. LM_1	availability code Page 23.	E. Total quantity shipped in 1995 Page 23. E. Total quantity shipped in 1995 Page 23. L. J.
Sec. IV A. Did new act	tivities in 1995 result in minimizati		(CONTINUE TO BOX B)		

EPA ID NO:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

Square D Company 3700 6th Street, SW Cedar Rapids. IA

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FORM PS

IKSP. BRANCH

U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardo	INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.				
Sec. I A. Waste treatment, disposal, or recycling system description Instruction Page 38. Neutralization of Acid Sala B. System type Page 38. C. Regulatory status Page 39. O 3	D. Operational status Page 39. O 1 1 O 1 N A				
Sec. II A. 1995 influent quantity Instruction page 40. Total	B. Maximum operational capacity Page 41. Total				
C. 1995 liquid effluent quantity Instruction page 42. Total	D. 1995 solid/sludge residual quantity Page 43. Total N_A • □ 1 lbs/gal □ 2 sg lity code G. Percent capacity commercially available Page 43.				
1. LOLS 2. LNLA 3. LNLA Page 43. NA	rage 43.				
Comments:					

BEFORE COPYING FORM. ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

EPA RCRA ID No. IAD000819110

Square D Company 3700 6th Street, SW Cedar Rapids, IA



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

	IRSP. BRANCH					
INSTRUCTIO	INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.					
Sec. I A. Waste treatment, disposal, or recycling system description Instruction Page 38. Neutralization of Caustic Rinse water from a wash & dry line.				wash & dry line.		
B. System to Page 38.	уре [м <u>,1 ,2 ,1</u> ,	C. Regulatory Page 39.	51atus 0_13	D. Operational st Page 39.	tatus 11	E. Unit types Page 39. O.L. N.A.
Sec. II	A. 1995 influent quantity Instruction page 40.			B. Maximum ope Page 41.	erational capacity	
UOM Density Total14_12_19_18_15_18_1 • O50_17_ • (4_18_1 RCRA14_12_19_18_15_18_1 • (0		Total110_10_10_10_10_10_1 •0_1 RCRA110_10_10_10_10_10_1 •0_1				
Instruction p			UOM Density	Page 43.	udge residual quant	ity UOM Density
Total		Total		l lbs/gal □ 2 sg		
E. Limitation Page 43.	on maximum operational capacit		F. Commercial capacity availability Page 43. NA	ty code	G. Percent capac Page 43.	city commercially available

Comments:

Square D Company 3700 6th Street, SW Cedar Rapids, IA = 1,000,000 gal Austic NEUTRALIZATION TANK MAX 350,000 gal 2,350,000 gal 21,900,000 8 Pg 10 of 12

EPA RCRA ID No. IAD000819110

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

Square D Company

3700 6th Street, SW

Cedar Rapids, IA

FEB 26 1996

IRSP. BRANCH

U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before complete	ng this form.
A. EPA ID No. of off-site installation or transporter [I]L_D	B. Name of off-site installation or transporter Safety-Kleen Corporation D. Address of off-site installation Street City State Zip LLLL Zip LLLL Zip LLLL Zip LLLL Zip LLLL Zip LLLL Zip LLL Zip LLLL Zip LLL Zip LL Zip LLL Zip LL Zip
A. EPA ID No. of off-site installation or transporter L A D O 9 8 O 2 7 5 9 2 C. Handler type (CHECK ALL THAT APPLY) Generator Transporter KTSDR	B. Name of off-site installation or transporter Safety-Kleen Corporation D. Address of off-site installation Street 3035 West 73rd Street City Davenport State LIA Zip 5121810161-LNAL
A. EPA ID No. of off-site installation or transporter LIAIT 21010 0110 51913 C. Handler type (CHECK ALL THAT APPLY) Generator Transporter TSDR	B. Name of off-site installation or transporter Hydrite Chemical Company D. Address of off-site installation Street City State
Site 4 A. EPA ID No. of off-site installation or transporter \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	B. Name of off-site installation or transporter Hydrite Chemical Company D. Address of off-site installation Street 114 N Main Street City Cottage Grove State L W I Zip 5 3 5 2 7 - N A
A. EPA ID No. of off-site installation or transporter (M N D (9 8 1) (7 7 6) (2 5 5) C. Handler type (CHECK ALL THAT APPLY) Generator Transporter TSDR	B. Name of off-site installation or transporter Dynex Environmental, Inc. D. Address of off-site installation Street City State Zip

FORM

01

FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

EPA ID NO:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

Square D Company 3700 6th Street, SW

Cedar Rapids, IA

FEB 26 996

FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

IRSP. BRANCH INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.						
Site 1	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter				
	$W_1I_1D_1 \cdot O_17_1I_1 \cdot I_16_14_1 \cdot O_13_12_1$	Dynex Industries, Inc.				

·		Dynex industries, inc.
C. Handler type	(CHECK ALL THAT APPLY) Generator Transporter TSDR	D. Address of off-site installation Street 6801 Industrial Loop City Greendale State WI Zip 5 3 1 2 9 - NA
Site 2 A. EPA	ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type	(CHECK ALL THAT APPLY) Generator Transporter	D. Address of off-site installation Street City

	U ISUR	State Li ZIP Li
Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler	type (CHECK ALL THAT APPLY) Generator Transporter TSOR	D. Address of off-site installation Street City State Zip

Site 4	A. EPA IU No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler ty	rpe (CHECK ALL THAT APPLY) Generator Transporter TSDR	D. Address of off-site installation Street City State Zip
i		

Site 5 A. EPA ID No. of off-site installation or transporter		B. Name of off-site installation or transporter				
C. Handler	type (CHECK ALL THAT APPLY) □ Generator	D. Address of off-site installation Street				
	□ Transporter □ TSDR	City				

Comments:						
COMMENTS.						
1						

FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.



SQUARE D COMPANY

GROUPE SCHNEIDER

DISTRIBUTION EQUIPMENT BUSINESS

BOX 3069 - 3700 SIXTH STREET S.W., CEDAR RAPIDS, IA 52406-3069 PHONE 319-365-4631 FAX 319-369-6600

February 23, 1996

U.S. EPA Region 7 ARTD/IRSP 726 Minnesota Avenue Kansas City, KS 66101 FEB 26 1996 IRSP. BRANCH

Dear Sirs:

REF: Biennial Report

Enclosed you will find a completed Biennial Report for 1995. This report is identified as the 1995 Hazardous Waste Report.

If you have questions or need more information, please contact me at 319/369-6433.

James C. Jensen

Safety, Health & Environmental Manager

cc: Joe Blanck - Square D Company, Cedar Rapids

Al Rickard - Square D Company, Cedar Rapids



RCRIS HANDLER INFORMATION REPORT

December 5, 1995

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Adentification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, o simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - ARTD/IRSP 726 MINNESOTA AVENUE KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCR/Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

EPA RCRA ID Number:

IAD000819110

SOUARE D CO

3700 6TH ST SW

CEDAR RAPIDS, IA

Name of Company/Installation:

Location of Installation:

City/State/Zip:

Mailing Address:

City/State/Zip:

County:

PO BOX 3069

LINN

52404

52406

FEB 26 1996

RECEIVED

CEDAR RAPIDS, IA 52406

IRSP. BRANCH JAMES JENSEN

Installation Contact:

Job Title: Phone Number:

Contact's Address:

City/State/Zip:

CEDAR RAPIDS, IA SQUARE D COMPANY

LOSS CONTRL MGR

(319)369-6433

PO BOX 3069

Current Owner of Installation:

Owner's Address:

1415 ROSELLE RD-EXECUTIVE PLZA

PALATINE, IL 60067

Phone Number: (708)397-2600

Land Type:

Owner Type:

Private

Private

TYPE(S) OF REGULATED ACTIVITY:

LARGE QUANTITY GENERATOR

Hazardous Wastes Handled:

D001, F003, D009

N 12/19/94 1

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it i determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification form and on any attachments o submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.